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Strengthening Health Literacy for Frontline Healthcare Professionals at Public Hospitals

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Abstract: Training healthcare workers in resource-limited settings plays a pivotal role in improving health literacy. Vulnerable communities face challenges in accessing healthcare services, with limited resources and infrastructure exacerbating health disparities. Well-designed, context-specific training programmes can enhance the capacity of local healthcare workers to address these challenges, enabling them to better educate the population and promote informed decision-making. The article examines the training needs of public healthcare workers and associated challenges, proposing innovative, context-aware approaches to help bridge the gap in healthcare access and education. This mixed method study investigates how training can enhance health literacy by equipping healthcare professionals with clinical knowledge, as well as technical and communication skills, to navigate the unique complexities of South Africa's public healthcare sector – widely recognised as resource-constrained. An in-depth questionnaire was administered to 322 frontline healthcare workers in two public hospitals in two provinces in South Africa. The article concludes that targeted training initiatives are essential to deepen understanding of local socio-cultural dynamics and to improve service delivery.

Keywords: healthcare; health literacy; service delivery; South African public health; training

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Introduction

As stated in South Africa's Constitution, public health care is available free of charge to all citizens, irrespective of whether they possess formal health insurance (Republic of South Africa [RSA], 1996). Guided by the Bill of Rights (RSA, 1996, Chapter 2), the Constitution shapes the content of all laws and policies. Section 27 affirms that everyone has the right to health care and that no one may be denied emergency medical treatment (RSA, 1996). Furthermore, in matters relating to health care, the government is obligated to uphold this right by ensuring fair and equitable access for all and promoting and maintaining frameworks that guarantee access to quality health services (RSA, 1996). The healthcare sector in South Africa is divided into the public and private sectors. The public healthcare sector is decentralised and organised into three levels: national, provincial, and local government (Maphumulo & Bhengu,

2019). Funding is also allocated across these three levels. There is a decentralised distribution of funds from the government to local municipalities, giving local public health agencies autonomy over the allocation of funds (Expatica, 2023). The public healthcare sector is characterised by low quality, long waiting periods, and crowded conditions, and has faced scrutiny over the past 30 years. According to Maphumulo and Bhengu (2019) and Sithole and Mathonsi (2015)., the deeply fragmented and discriminatory nature of the healthcare sector under the apartheid regime is the root cause of many current challenges, which remain closely tied to historical inequalities

Additionally, the South African public healthcare system is structured into three levels of service. Primary care facilities serve as the first point of contact for patients, providing initial assessment and basic treatment. These primary healthcare clinics are largely staffed by nurses who deliver essential community health services. The second level consists of district hospitals, where patients may undergo diagnostic tests and minor medical procedures. The third level, characterised by greater technology and infrastructure, includes tertiary, central, and specialist hospitals. These institutions are equipped with advanced technologies to support major surgeries and specialist treatments. Only patients with serious or complex conditions are referred to these facilities. Owing to their roles in training, research and innovation, they are designed to manage higher patient volumes with more complex healthcare needs. The third level typically receives additional government funding (National Department of Health [NDoH], 2012) to cover the increased costs associated with specialised medical treatment and care. The tiered structure of South Africa's public healthcare system significantly influences both health literacy and targeted training initiatives. As patients move through the different levels of care, the complexity of medical information increases, highlighting the importance of clear communication and health education at each stage. Targeted training initiatives should therefore aim to equip healthcare workers across all tiers with the skills needed to enhance health literacy, leading to improved health outcomes and more effective patient care. Furthermore, integrating technological advancements and promoting patient-centred communication at every level can enhance health literacy, empower patients, and help curb the spread of misinformation (DeStigter et al., 2021).

Literature review

To achieve institutional goals, healthcare systems must be supported by a capable and dedicated workforce. Healthcare workers form the cornerstone of the sector, as they are primarily responsible for the delivery of services (Doherty, 2014). The effectiveness of any healthcare system largely depends on the knowledge, skills, and motivation of its employees. Consequently, healthcare organisations should invest substantial effort and resources in recruiting, selecting, and retaining qualified, attentive, proactive, and dedicated personnel (Nayak et al., 2018). Although healthcare workers are an essential component of the system, their importance in ensuring its optimal functionality is often overlooked (Muthuri et al., 2020,). Frontline healthcare employees work tirelessly to promote patient recovery, providing care and comfort that play a vital role in the healing process (Nayak et al., 2018).

Scholars agree that frontline healthcare workers possess a unique set of skills, which may vary depending on their department or area of specialisation. They are responsible for decisions and actions that directly impact human life, leaving no margin for error. Therefore, having the right skills and competencies is essential to ensure that the demands of the job align with the worker's abilities. Healthcare workers must be knowledgeable about disease prevention measures, recognise that their role includes trauma management, and remain adaptable to evolving circumstances by staying informed about new developments in the field. Acknowledging role expectations, maintaining a strong commitment to protecting oneself from disease, managing indirect trauma with high professionalism, and staying motivated are crucial to job satisfaction and influence institutional performance. Healthcare personnel must feel empowered and show compassion towards others (Korkmaz et al., 2020).

Taking the above into consideration, Vijayasarathi and Khosa (2020) cite versatility, flexibility, and the ability to deal with crises as important skills for radiologists. During the COVID-19 pandemic in particular, the willingness to redeploy staff rapidly to where they were needed, as well as to undertake duties beyond imaging, demanded a great deal of flexibility from radiologists. In some cases, versatility was crucial, as radiologists were required to intubate or clinically assist critically ill patients while also performing their usual duties. Even outside crisis settings, radiologists should be trained to interpret a broad range of general imaging. Likewise, when elective operations and outpatient diagnostic tests are cancelled due to public policy or patient anxiety, flexibility becomes essential. Crises – such as periods of uncertainty or destabilisation, threats to the system's stability, and the potential for escalating errors – can place immense stress on frontline healthcare workers. In such situations,

workers must demonstrate perseverance, adaptability, and resilience to manage and resolve challenges while minimising negative impacts on both the patient and the institution (Vijayasarathi & Khosa, 2020). Appropriate training increases workers' preparedness and confidence in responding effectively to crises (Bala et al., 2022).

Dohan et al. (2017) highlight technology-related competencies as essential to an institution's capacity to innovate, adopt new technologies, enhance productivity, and maintain competitiveness. In their study, data gathered from paramedics revealed that proficiency in technology application, information processing, and understanding technological systems had a significant impact on learning, as well as on the integration and coordination of activities necessary to achieve institutional goals. Skills such as rapid diagnosis and positive treatment processes add value to the healthcare system and can be strengthened through the implementation of proper training programmes. These programmes have been found to boost confidence, increase professionalism, and promote teamwork (Bala et al., 2022). Fotaki (2015) confirms that frontline workers must possess a range of critical skills and competencies to effectively provide care to patients. Clinical knowledge and expertise, as well as the ability to apply this knowledge to diagnose and treat a wide range of medical conditions, are essential. Moreover, the ability to communicate effectively and compassionately with patients, families, and other healthcare providers (Fotaki, 2015) is vital, as communicating health information in a clear, concise, and empathetic manner is integral to improving health literacy and avoiding misinformation. Frontline workers are also required to have strong critical thinking and problem-solving skills, as they must be able to quickly assess the conditions of patients and make informed decisions about their care. They must be able to adapt to changing circumstances and think creatively to find solutions to complex problems.

Documenting patient information, administering medication correctly, and following established protocols and procedures require frontline healthcare workers to have technical skills and pay careful attention to detail. It is also important to understand and respect the cultural beliefs and practices of the populations they serve, as some populations are culturally sensitive (George et al., 2020). Being able to work as part of a team and collaborate with other healthcare providers to deliver comprehensive care requires healthcare workers to be both accountable (Mukinda et al., 2020) and cooperative, demonstrating a willingness to follow established protocols and procedures. Providing health care can be emotionally challenging, and frontline healthcare workers must be able to cope with the stress and pressures associated with the profession. They should prioritise self-care and mental well-being while maintaining both physical and emotional health. Ultimately, frontline healthcare workers must possess a strong combination of technical, interpersonal, and emotional skills to thrive in a highly demanding environment and to ensure the consistent delivery of high-quality patient care (Wright et al., 2022).

The shortage of skilled healthcare workers places significant strain on the existing workforce, contributing to burnout and a decline in the overall quality of care. A shortage of skilled staff also results in time constraints, with healthcare workers spending less time attending to patients. Prolonged waiting periods and inadequate recordkeeping further reflect the impact of understaffing – a challenge not unique to Africa (Malakoane et al., 2020). In 2006, the World Health Organisation (WHO) reported that 57 countries faced similar workforce shortages, and by 2018, the Global Health Observatory (GHO) estimated that 17 million additional skilled healthcare professionals were needed worldwide (Muthuri et al., 2020). In South Africa, this broader shortage extends particularly to nurses, compounding the pressure on the healthcare system. Netcare, which has been training nurses since 2015, attributes the shortage of skilled healthcare workers to government restrictions on private-sector nursing education. Previously, Netcare trained more than 3,500 nurses annually; however, in 2023 it was permitted to train only 360 nurses, while other providers were allowed to train up to 800 per year. With almost 40% of South Africa's registered nurses expected to retire by 2030, the current training rate will be insufficient to fill the gap. In the Western Cape, contract nurses employed on three-year contracts are also facing job losses, as the province reports insufficient funds to retain them. Furthermore, the province announced that 2,362 health posts would be frozen and all recruitment halted due to a lack of funding (ENCA, 2023). This shortage of skilled healthcare professionals continues to undermine the quality of care provided.

Training and providing professional development opportunities empowers staff and increases job satisfaction and commitment (Almalki et al., 2012). In a study by Bala et al. (2022), research was conducted on a group of frontline healthcare workers using simulation training. The findings showed that simulation-based education led to faster diagnosis, improved treatment processes, enhanced understanding of professionalism, stronger teamwork and competency skills, and overall added value to the healthcare system. Participants also gained from simulation-based training, which gave them knowledge on how to use technology appropriately after completing the course, strengthening their abilities and confidence. Malakoane et al. (2020) describe the development and

implementation of a provincial intervention model to improve the delivery of public healthcare services in the Free State province of South Africa, which assisted with monitoring and reporting. The model served as a framework and was designed to address challenges such as inadequate resources, poor infrastructure, and a shortage of skilled healthcare workers. It focused on strengthening primary healthcare services, improving health information systems, and promoting community involvement. Malakoane et al. (2020) further recommended that the model be implemented in other provinces to improve the overall quality of health care in South Africa. Health literacy is an important factor to consider when ensuring high-quality health care (Khoshnudi et al., 2019). Not only do training and development improve organisational commitment and performance, but they also boost employee morale, performance, and job satisfaction (Vasudevan & Mahadi, 2017; Lodh & Ghosh, 2022). Providing sufficient training and development also improves emotional intelligence and employee commitment to task completion, risk management, and the application of new innovations in their roles (Vasudevan & Mahadi, 2017). Management should adopt a flexible approach by enabling collaborative meetings across different authority levels. Suitable policies for career advancement and development must be implemented to ensure that training is provided regularly to foster employee loyalty (Lodh & Ghosh, 2022).

Employee training and development improve technical competencies, build effective communication, support staff through change, and enhance problem-solving skills and conflict management. Training and development are also valuable for effective team building and leadership. Research by Kumah et al. (2016) found that inadequate training was a major challenge in executing daily duties, so policymakers should design appropriate training programmes for employees and invest in their training and development, as it is highly beneficial. Providing adequate training and development is a key means of employee empowerment. Employees who receive effective training gain opportunities for promotion and are better prepared to assume leadership responsibilities (Kumah et al., 2016; Lodh & Ghosh, 2022). The opportunities for professional growth and career advancement are increased, which in turn enhances employees' earning power and improves quality of work life (QWL) (Afroz, 2017). When opportunities for career advancement, further education, and access to continuing education are limited, inadequate professional development often diminishes the delivery of quality care and is a primary cause of job dissatisfaction. Furthermore, employees who participated in an educational programme were less likely to leave their jobs than those who did not participate in any programme. Health care providers seek to update their knowledge and skills regularly in order to deliver high-quality patient care and meet their QWL. Their competence and performance will suffer as a result of a lack of training programmes (Almalki et al., 2012).

Methodology

A mixed methods approach, situated within the positivist paradigm, was employed to achieve the research objectives of the study. The positivist approach is grounded in the observation of human behaviour, enabling the researcher to conduct multiple tests to minimise bias (Kaur, 2016). This approach ensures that the data collected and interpreted are restricted to the responses obtained, measured, and objectively analysed from an external perspective. It allows the researcher to focus on factual evidence rather than respondents' opinions or emotions. For the qualitative component of the study, a descriptive exploratory design was adopted to gather information in a systematic and structured manner. The researcher identified the target population in line with the study's objectives. Each respondent was a frontline staff member employed at a public hospital and directly involved in service delivery areas such as admissions, administration, clinical care, nursing, medical services, radiography, and pharmacy. The study focused on two central hospitals located in different regions of South Africa, with a sample of 360 units of analysis drawn from an overall population of 5,216. Frontline employees are those who have direct contact with patients, including nurses at all levels, medical assistants, pharmacists, radiologists, doctors, administrators, and ward assistants. Enhancing the quality of training for frontline employees can better equip and motivate them to find alternative ways to cope with the challenges they face in their work environments.

An in-depth questionnaire comprising 31 questions was developed to address the study's objectives and was distributed to 360 frontline employees across two public healthcare facilities located in two South African provinces. Section B of the questionnaire focused on training and skills, containing ten questions – seven quantitative and three qualitative. This paper reports on the data analysed from this section, specifically relating to the training and skills of employees involved in patient care at both public healthcare facilities. In total, 322 questionnaires were completed, yielding a response rate of 89%. The non-probability purposive sampling technique was considered appropriate for this study due to the deliberate selection of participants based on

specific criteria. Each respondent was a frontline staff member employed in a public hospital and directly involved in service delivery, including admissions, administration, clinical care, nursing, medical care, radiography, and pharmacy. The researcher analysed the data after it had been gathered and coded. The Statistical Package for the Social Sciences (SPSS) version 27.0 was used to analyse the quantitative data derived from the questionnaire's closed-ended questions. Thematic analysis was employed to examine the responses to the qualitative questions.

The study ensured that participation was entirely voluntary. All participants provided informed consent after the researcher explained the aims and objectives of the study. Participants were assured that they could withdraw from the study at any stage. Permission was obtained from the Health Research Committee at the provincial level, followed by institutional permission from hospital management. The research was conducted in accordance with the ethical requirements of the Cape Peninsula University of Technology Faculty Research Committee. All participant information was treated as strictly confidential and complied with the provisions of the Protection of Personal Information Act (POPIA).

Results

The results are presented in sections that distinguish between qualitative and quantitative data.

Quantitative results

This section explores whether employees received any training and assesses the extent to which such training contributed to improving their skillsets.

Table 1 indicates that 73% of respondents received training, and 69% believed that the training was beneficial in enhancing their knowledge and skill set. However, it is important to understand why 31% of respondents reported that the training did not improve their knowledge or skills. The subsequent tick-box question therefore required respondents to select the most important skills they need to effectively complete a day's work as frontline healthcare practitioners.

Table 1. Training received before the study

Question	Yes	NO
Have you received training to improve the quality of healthcare that you provide?	73%	27%
Did the training help you improve your knowledge and skillset?	69%	31%

Data from this subsection were analysed using the extraction method with Principal Component Analysis (PCA), a statistical technique used to reduce the dimensionality of a dataset by identifying and extracting the most significant features, or principal components, that capture the majority of the variance within the data (Gewers et al., 2021). A factor analysis rotation method, Promax with Kaiser Normalisation, was employed. Promax rotation is a technique used to assist in interpreting the principal components derived from PCA. It is an oblique rotation method that allows the principal components to be correlated with one another, which is useful when the underlying factors in the data are expected to be interrelated. The rotation can be calculated efficiently and is particularly suitable for large datasets (Ahmed & Maruod, 2025). Kaiser normalisation, also known as Kaiser scaling or Kaiser standardisation, is a method used to scale data before performing PCA. It involves subtracting the mean of each variable from the data and then dividing by the standard deviation, thereby ensuring that each variable carries equal weight in the PCA analysis (Dien et al., 2005).

Table 2 below presents the three components along with the items that constitute each construct. Questions that were missing were discarded as they loaded onto more than one construct. Exploratory Factor Analysis (EFA) using PCA with Promax rotation was performed to determine the acceptable correlations among variables – that is, whether the reliability and validity criteria were met. Promax rotation was selected for two reasons: first, due to the large sample size (n = 322), and second, because Promax has been recognised as a useful method for correlating multiple components. Items that did not load satisfactorily were removed. The results are presented in the table below.

Table 2. Pattern Matrix – Important skills for frontline healthcare workers

	Component		
	1	**2**	**3**
Responsibility	0.968		
Professional	0.867		
Accountability	0.838		
Observant	0.796		
Reliable	0.791		
Team player	0.738		
Communication	0.707		
Empathy & Patience	0.702		
Confidence	0.544		
Assertiveness		0.919	
Attentive		0.875	
Receptive attitude		0.871	
Adaptability		0.805	
Active learner		0.722	
Ability to manage stress		0.709	
Positive attitude		0.684	
High work ethic		0.699	
Digitally savvy		0.918	
Technical skills		0.744	
Flexibility		0.628	

Based on the item loadings on each factor and the interpretation from the factor analysis, three components (or factors) were identified in relation to the important skills required by frontline healthcare workers. Factor 1 comprised nine variables: responsibility, professionalism, accountability, observant, reliable, team player, communication, empathy and patience, and confidence. These loaded as 0.968, 0.867, 0.838, 0.796, 0.791, 0.738, 0.707, 0.702, and 0.544, respectively, and can be classified under the theme 'dependable skills'. Factor 2 comprised eight variables: assertiveness, attentive, receptive attitude, adaptability, active learner, ability to manage stress, positive attitude, and high work ethic. These loaded as 0.919, 0.875, 0.871, 0.805, 0.722, 0.709, 0.684, and 0.669, respectively, and can be classified under the theme 'decisive skills'. Factor 3e comprised three variables: digitally savvy, technical skills, and flexibility. These loaded as 0.918, 0.744, and 0.628, respectively, and can be classified under the theme 'digital skills'. Three factors were loaded in the pattern matrix (Table 2). The factor loadings were similar in magnitude, ranging from 0.544 to 0.968, which is close to 1, indicating a high level of intra-correlation within the groups. Each variable demonstrated significantly high communalities, with most exceeding 0.544.

Based on the factor analysis, three themes emerged regarding the perceived important skills for frontline healthcare workers. The researcher refers to these as the "3 Ds" skill set for frontline healthcare workers, with each "D" explained below.

Dependable: The first "D" is "Dependable", which showed a strong factor loading on responsibility, being close to 1 but not equal to it. The factor loadings were similar in magnitude, indicating a high level of intra-correlation within the group. High levels of professionalism and accountability, along with responsibility, were identified as the most important skills under the theme of 'dependability'. Frontline healthcare professionals must remain observant of patients and their surroundings, which requires empathy, compassion, and confidence. The ability to communicate treatment measures effectively to both patients and team members is essential, as it fosters trust and confidence within the team and with patients, making dependability and reliability indispensable qualities.

Decisive: The second "D" is "Decisive". Under this theme, assertiveness and attentiveness showed significant factor loadings. Frontline healthcare workers must demonstrate a receptive attitude and adaptability within constantly changing environments. Those who can effectively manage stress and engage in active learning are better equipped to maintain a positive attitude and uphold strong work ethics. Decisive behaviour requires a degree of assertiveness, which stems from knowledge gained through active learning. When frontline employees are attentive and maintain an open, receptive attitude, decision-making becomes easier. Well-informed decisions

not only facilitate stress management but also foster positive relationships among team members and with patients.

Digital: The third "D" refers to "Digital" skills. Technical expertise is essential for frontline positions in the healthcare sector. The ability to use digital technology efficiently reflects being digitally savvy or smart. When frontline workers are technologically proficient, they gain the flexibility needed to perform their tasks effectively and efficiently. Digital skills require continuous training to keep pace with the latest technological developments. The questionnaire also explored perceptions of training opportunities at work, with the pattern matrix presented in Table 3 being of high importance.

Table 3. Pattern Matrix – Perceptions of training opportunities at work

Component		
	1	**2**
My accomplishments are recognised by my team.	0.962	
My accomplishments are recognised by my seniors.	0.905	
There are training opportunities available for me to improve my professional skills.	0.564	
I did receive support to attend the training sessions.		0.969
I received great support to attend the training sessions.		0.911

Based on the item loadings on each factor and the interpretation from the factor analysis, two components (or factors) were identified. Factor 1 consisted of three variables, while Factor 2wo included two variables. These statements can be classified under two themes: Factor 1 – Recognition of accomplishments and training opportunities, and Factor 2 – Support for training.

Leaders must be committed to providing opportunities for all participants not only to take part in all classes but also to contribute innovative ideas for process improvement (Poorani et al., 2023). The low factor loading of 0.564 indicates a scarcity of training opportunities available for frontline employees to improve their skills. However, when opportunities do arise, there is strong support to attend, as reflected in the factor loadings of 0.969 and 0.911 in Component 2. It appears that the team recognised accomplishments slightly more than the seniors, although the difference is not significant. This is shown in Table 3, where Component 1 loaded at 0.962 compared with 0.905 when comparing recognition by the team versus the seniors. These may be important factors to consider when developing microsystems aimed at driving quality improvement.

Qualitative results

Qualitative data were obtained from the open-ended questions. A thematic analysis was then conducted on the data derived from the qualitative sections of the questionnaire. Where appropriate, the themes were further categorised and presented as sub-themes within the matrix of each theme. Each theme and sub-theme was coded to help identify patterns within the data. The purpose of thematic analysis is to identify and organise themes to facilitate data interpretation and provide meaningful insights for the reader. Two questions focused on skills, aiming to identify gaps in the training provided. For Question 15, which asked which skills were improved during the training sessions attended, multiple responses were recorded from 289 respondents. For Question 16, which assessed which skills still required improvement, 220 responses were received.

The results indicated that the training improved the work skills (WS) of 35% of the respondents. Below are examples of qualitative statements provided by respondents regarding improvements in their WS.

Table 4 highlights responses under the theme of 'better WS'. There are more statements that indicated that the training was directly linked to the work performed by the frontline employees but listing them all would be laborious.

Table 4. Examples of improved WS through training

Statement	**Respondent number**
Delivering babies	114/115
To give total nursing care in a critical environment/ICU	99/102
Improvement of patient care Infection control	93/94)

As shown in Table 5, other constructs that emerged include communication skills, with 15% of respondents reporting improvement in this area. A further 13% indicated improved management skills, and 12% noted

enhanced computer skills following the training. These improvements contributed to increased confidence (8%), a stronger sense of responsibility (4%), and greater accountability (4%). Additionally, some respondents reported developing stress management skills (4%), administrative skills (3%), and knowledge of Batho Pele principles (2%). The Batho Pele Principles form an essential component of the South African public health sector's current knowledge framework and represent a key example of quality management systems within the field. According to the Batho Pele Principles, the South African public health sector – under the oversight of the National Department of Health (NDoH) – embodies the following aspects of quality management:

Table 5. Qualitative questions for Section B

Q15: Which skills were improved during the training sessions attended		
Results:		
Theme identified	Code	%
Work skills	WS	35%
Communication	CM	15%
Management training	MN	13%
Computer skills	CS	12%
Confidence	CP	8%
Responsibility	RS	4%
Accountability	AC	4%
Stress management	SM	4%
Admin skill	AD	3%
Batho pele	BP	%
Multiple responses noted		n = 289
Q:16 Which skills do you still need to improve on?		
Results:		
Theme identified	Code	%
Work skills	WS	38%
Management skills	MN	15%
Communication skills	CM	13%
Personal development	PD	14%
Computer skills	CS	6%
Administrative skills	AD	5%
Stress management	SM	5%
Language	LN	4%
(n = 220)		

1. Consultation – patients are made aware of their disease and illness and allowed to make decisions to the best of their ability with their consulting doctors.
2. Service standards – patients should be informed of what level or standard of care they can expect in a specific health facility and attend with a referral letter.
3. Access – patients should not be denied access to free and equitable healthcare.
4. Courtesy – all patients should be treated with respect, courtesy, and dignity.
5. Information – it is ethically necessary to improve patient information and educate people about their health problems.
6. Openness and transparency – patients can exercise the right to witness the transparency regarding budgets and healthcare expenditure.
7. Redress – if patients receive a sub-optimal level of standard of care, they are entitled to reassess the issue with the treating team and are subject to an apology and can lay complaints of medical negligence.
8. Value for money – all patients should receive healthcare in an economical and efficient manner in order to provide people with the best possible value for money.
9. Encouraging innovation and rewarding excellence – rewarding healthcare employees who go the extra mile in making a difference in patients' lives.
10. Customer impact – focusing on internal and external customer satisfaction is a core element of Batho Pele, and more efforts are required to create better channels to communicate satisfaction or dissatisfaction from all stakeholders.
11. Leadership and strategic direction – good leadership is one of the most essential components for effective healthcare facilities.

To achieve the key components of quality management systems, the Batho Pele Principles have established historically significant goals for the public healthcare sector. However, to ensure their effective application within the evolving dynamics of local healthcare trends, these principles need to be revitalised and reassessed. Monitoring and evaluating healthcare facilities and programmes form a critical part of healthcare quality management systems. With only 2% of respondents indicating that their skills related to the Batho Pele Principles had improved, it is clear that further training is necessary.

Although several skills listed in Table 5 showed improvement, there remains a need for further development. Thirty-eight percent of respondents indicated that they still require additional training to enhance skills directly related to their work. Table 6 presents some of the courses mentioned by respondents in Section B, Question 16.

Table 6. Examples of course requirements to improve WS

Statement	Respondent number
Advanced midwifery	136
Analysing influences	73
Protocols and unit guidelines	43
Critical care nursing	55/58/62
Episiotomy. I need to further my knowledge to an advanced level	115
HVV Dialysis	269
Professional Nursing	297
ICU Nursing skills	99/276
Ultrasound guided procedures	22
More oscillator training required	82
More ventilator training	83
Neonatal resuscitation	12/284/287/289

Although the need for WS enhancement ranked highest (38%), other themes suggested an ambition among respondents to progress professionally. Fifteen percent called for courses to improve their management skills, 13% wished to enhance their communication skills, and 14% requested training in personal development. Keywords such as adaptability, accountability, goal setting, time management, and critical thinking were frequently mentioned and used to form the theme ‘personal development’. Respondents also expressed a desire to improve their computer skills (6%), administrative skills (5%), and stress management skills (5%). These three themes correspond to courses that were already offered, suggesting that not all respondents attended the available training, resulting in a training gap. At one of the hospitals visited, Zulu was the local language; therefore, 4% of respondents requested language training to facilitate easier communication with patients. Similar findings were reported in a recent study conducted in India, which highlighted the importance of speaking the patient’s native language. The results were noteworthy, demonstrating the need for professional nurses to be multilingual in response to globalisation and migration. Nurses require not only adequate language skills but also cultural competence and the ability to provide care that is culturally appropriate. Incorporating language instruction into the nursing curriculum could enhance patient compliance by helping both nurses and patients feel more comfortable with one another (Larsen et al., 2021).

Discussion and recommendations

In South Africa, where mistrust in the healthcare sector systems (Østergaard, 2015) and the spread of inaccurate health information can undermine public health efforts (Southwell et al., 2019), healthcare workers trained in effective communication strategies can play a key role in improving health understanding (Mackert et al., 2011). Training programmes that incorporate community involvement, culturally tailored messages, and the use of local languages can significantly enhance health literacy, thereby promoting better decision-making in health matters (Haider & Abbas, 2025). According to the findings of this study, frontline healthcare workers must remain aware of their patients and surroundings, which requires empathy, compassion, and confidence – consistent with the perspectives of other authors (Frampton et al., 2013). The ability to communicate treatment measures effectively to both patients and team members is essential to the role, as it fosters trust among colleagues and patients, making dependability and reliability indispensable. However, not all skills can be acquired through training.

Moreover, the findings suggest that frontline healthcare workers must remain alert, assertive, and receptive, as well as adaptable in a constantly changing workplace. Those who can manage stress effectively and engage in continuous learning are better equipped to maintain a positive attitude and demonstrate strong work ethics (Bin

Abdulrahman et al., 2025). Decisive behaviour requires a certain level of assertiveness, which can be developed through active learning. Decision-making becomes easier when frontline staff are alert and receptive. When well-informed decisions are made, stress is easier to manage, and positive relationships are fostered between the team and patients (De & Bakhshi, 2023). Additionally, the findings indicate that technical knowledge is essential for frontline roles in the healthcare sector. Being digitally savvy or smart refers to the ability to use digital technologies effectively. When frontline workers are technologically proficient, they gain the flexibility needed to perform tasks efficiently. To keep pace with technological advancements, this skill requires continuous training (Xie et al., 2025). Work-related and communication skills were identified by respondents as competencies acquired during training. The development of these skills was found to enhance the ability of frontline healthcare workers to perform their duties more effectively. It can be concluded that not all healthcare workers possess the full range of skills required to deliver high-quality healthcare, as 72% of respondents made recommendations for further skills improvement. These were categorised under the themes of career advancement (41%), continuous training or refresher courses to stay current (20%), and computer or digital skills (11%).

It is recommended that the healthcare sector prioritises targeted training initiatives rather than adopting a blanket approach. Providing context-specific training could help create a more empowered workforce that perceives training as valuable and relevant. Furthermore, collaboration with other sectors may assist in addressing the skills deficit. It is worth noting that employees in service industries such as hospitality often possess similar soft skills required for effective service delivery. Therefore, collaboration between the hospitality and healthcare sectors could be beneficial in designing and delivering relevant training for hospital staff. South Africa's overburdened public healthcare system has significant implications for health literacy and the implementation of targeted training initiatives for healthcare workers. Health literacy should be integrated at every level of the healthcare system, from primary care to specialised tertiary hospitals. This requires that all healthcare workers be trained to provide clear, patient-centred communication that promotes understanding. Training should address the health literacy levels of both patients and staff, ensuring that even the most vulnerable populations can access, understand, and act on health information. At every level of the healthcare system, practitioners should adopt a patient-centred approach, taking into account the patient's knowledge, beliefs, and values when conveying health information. Tailored training that emphasises active listening, empathetic communication, and empowering patients to ask questions can substantially enhance health literacy.

Healthcare workers in primary healthcare clinics are at the forefront of patient interaction. While they provide essential services, they may not always possess advanced medical training. Therefore, training initiatives in these clinics should focus not only on technical skills but also on communication and health education. Empowering these workers to improve their health literacy in patients will require a training approach that emphasises cultural competence, empathy, and simplified explanations of health issues. As healthcare workers in district hospitals encounter a wider range of conditions and procedures, they require more specialised training in patient education and clinical communication. For instance, ensuring that patients understand the implications of diagnostic tests and minor surgical procedures is essential. Staff at this level may benefit from targeted training on how to communicate complex information effectively in a way that is understandable to patients with low health literacy. Healthcare workers in tertiary and central hospitals manage highly specialised conditions, often requiring them to communicate complex medical terms and procedures effectively. Specialised training initiatives for these healthcare workers should therefore focus on conveying complex information in layman's terms, particularly when discussing treatment options, potential side effects, and long-term care. Training should also incorporate cultural sensitivity and patient-centred approaches to address the diverse backgrounds of the patients they serve.

In hospitals equipped with advanced technology, staff should be given opportunities to enhance health literacy through digital tools such as interactive apps, websites, and videos that explain medical procedures in a clear and accessible way. These resources can help patients better understand their diagnoses and treatment options. Incorporating such tools into healthcare worker training could strengthen their ability to use technology effectively for patient education.

Conclusion

This article focused on the healthcare sector and the training needs of healthcare workers. It established that training could serve as a tool to combat misinformation and improve health literacy, which in turn supports efficient service delivery – an issue that continues to attract scrutiny, particularly in South Africa. The findings

provide recommendations for enhancing training programmes to make them more content-specific, thereby ensuring that employees benefit in a more meaningful and impactful way.

Declarations

Interdisciplinary Scope: This study adopted an interdisciplinary approach by integrating perspectives from public healthcare frontline employees working in both junior and management positions across various departments, including radiology, pharmacy, nursing, oncology, the HIV unit, staff clinic, psychology, ICU, and NICU. The research combined quantitative and qualitative insights to examine how targeted training can enhance health literacy among frontline healthcare professionals. By bridging these specialist fields, the study provides a holistic understanding of the relationship between training, communication, and service delivery in resource-constrained public hospitals.

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